

1-1992

## Digest of the Philadelphia College of Osteopathic Medicine (Winter - January 1992)

Philadelphia College of Osteopathic Medicine

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### Recommended Citation

Philadelphia College of Osteopathic Medicine, "Digest of the Philadelphia College of Osteopathic Medicine (Winter - January 1992)" (1992). *Digest*. Book 143.  
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Philadelphia  
College of  
Osteopathic  
Medicine

Winter  
Issue  
1992

Osteopathic

# Digest

## Annual Report

As Osteopathic Medical Center draws closer to its goals, chairman and president Leonard H. Finkelstein, DO, presents his 1991 annual report. Enclosed is the full text of this report, describing the achievements over the past year and the challenges we face in the future.

Page 2



## Founders Day

Emanuel Fliegelman, '42, caps off his 50-year medical and teaching career as this year's O.J. Snyder Memorial Medal recipient. "Manny" Fliegelman continues to touch the lives of students and patients through his caring approach and commitment to quality education and medical care.

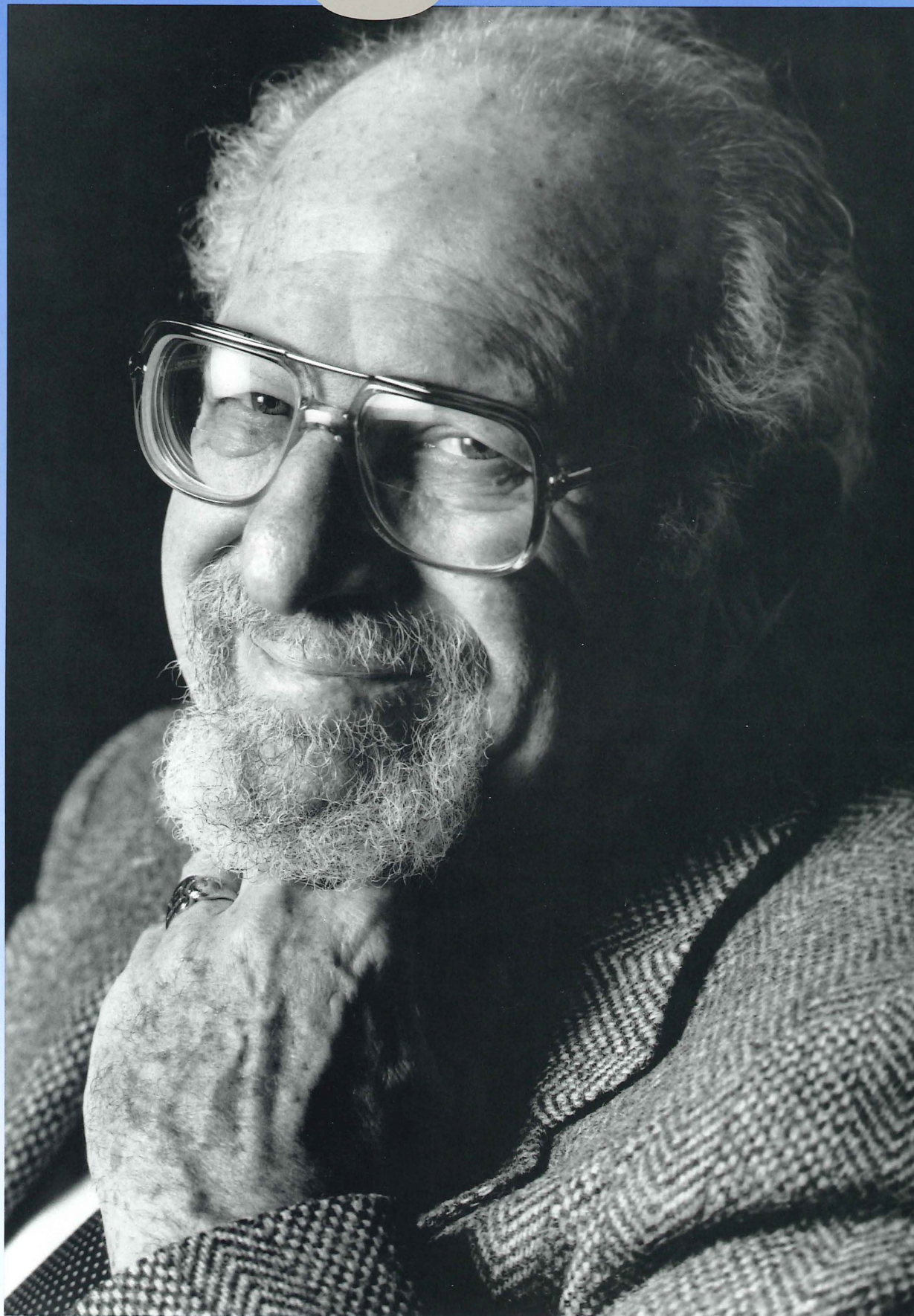
Page 6

## PCOM community outreach

Free health screenings and patient education programs strengthen PCOM's role in the communities it serves.

Page 11

**PCOM delivers  
highest honor to  
Emanuel  
Fliegelman, '42**





# Vision and Values

## President's Perspective

**A**gainst what seems to be an ever-rising tide of bad news in health care, Osteopathic Medical Center of Philadelphia can report a strong performance in the past fiscal year. During that period we posted a \$4.2 million excess of revenue over expense. We have improved our cash flow significantly. By acquiring Parkview Hospital, we have doubled our clinical capacity without adding to debt. And we have further strengthened our financial underpinning by increasing the assets of our Foundation by \$2 million.

All of which stands in marked contrast to our condition of less than two years ago. Our institution then faced the sternest challenges in its history. Despite assurances that we were in sound financial condition, bankruptcy loomed as a real possibility. We took the hard step of laying off 240 employees, including almost all of our clinical faculty.

By June of 1990 we faced a \$5.9 million deficit. Our bankers demanded outside management. There was talk of selling or shutting down the Hospital. Many thought we would have to dip into Foundation funds simply to meet operating costs.

That none of these dire possibilities came to pass, that the institution has turned its affairs around, owes something to simple changes in management and operations. But it owes more, in fact, to the Corporate decision to have our institution stand for something — to adhere to a unifying vision of our institutional mission.

This in turn meant answering some fundamental questions. Having won our acceptance in the general medical community, what unique contributions does osteopathic medicine make? Do we provide something special, or do we simply provide medical services comparable to other health care institutions? Could we thrive in a competitive environment on the strength of our service, without turning to government regulation to save our profession?

In the days when each patient entered the hospital marked "paid in full," the answers mattered little. When times changed, though, when the government changed the rules, when insurance carriers became averse to risk, not having the answers nearly cost us our continued existence.

To put it concisely, this institution affirmed that our training as osteopathic physicians not only set us apart from allopathic physicians, but it also bound us together in a community of values. Those values, moreover, were worth practicing today and worth preserving for tomorrow.

When all is said and done, those values translated into a better kind of patient care. Superior care in turn implies greater market share and the financial rewards that flow from it.

Acting on those convictions, we began to do the things necessary to knit our osteopathic community together more tightly by recognizing our common bonds. By putting the energy back into

our network of professionals. By rewarding those who participated, and above all, by removing the obstacles to cooperation.

Although our turn-around is not yet complete, there is every indication that we are on the proper course of action. We are assembling a first-class faculty and building facilities that will please physicians and patients alike. We are continuing our investment in people to assure the quality of our care and commitment to those we serve. And we are persevering in the business of positive financial performance to secure our institution's future.

## The College

Our College was the logical starting place to implement change based on common values. In practice that meant caring less that we are the nation's largest center of osteopathic education and caring more about the quality of the educational experience.

We have each of our undergraduates for four years. During that time, it's our responsibility to instill some pride of place, some bond to the osteopathic philosophy and this specific enterprise. Put another way, a negative or indifferent College experience virtually guarantees the student's negative or indifferent perception of the institution in the future.

Yet year after year, we have ignored our undergraduates. This was tantamount to squandering our most important assets. This, too, is now in our past.

Probably our most visible commitment to improving our student education was in acquiring Parkview Hospital, another osteopathic institution. Since our Hospital's capacity represents so much of our teaching resources, we effectively doubled the number of beds for clinical experience with that acquisition.

We have also moved to re-establish a first-class faculty. Our earlier financial problems led to the elimination of our full-time clinical teaching capacity. Since then, we have begun to restore full-time faculty positions to improve our educational capacity. We have also brought the responsibility for graduate medical education into the College by establishing the position of assistant dean for postgraduate education.

As we re-establish our clinical staff, it will be with a staff of skilled clinicians who will not compete with private practitioners. Their institutional role will be to support College educational programs, provide academic excellence and to supervise the administration of their departments. They will also extend their expertise to practicing physicians.

In terms of postgraduate education, we have more than doubled our internships. Seventy-six of the 77 positions available are filled. The majority of those interns are graduates of our College. Our decision to increase residency programs across the board has doubled the number of retained residents from our other graduate programs.

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**O**ur goal, as we have shown in our actions during the past year, is plain: Take away the reasons for leaving. Create reasons to stay with or join us.

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We have, for example, increased the number of our general surgical residencies from six to 11 while offering new residency programs in attractive specialties like plastic and reconstructive surgery as well as dermatology. We also have plans to offer a psychiatric residency. Affiliations with Albert Einstein Medical Center, St. Agnes Medical Center, The Germantown Hospital and Medical Center and Episcopal Hospital enhance our programs in emergency medicine, urology, OB/GYN and general internal medicine.

These initiatives are important, of course, but so are other College efforts such as one-on-one exit interviews with the College president and other key figures and the Senior Residents' Practice Workshop to assist finishing residents in making better plans at the start of their careers.

We have moved strongly to improve alumni relations, beginning with working more closely than ever with the Alumni Board. Our alumni now receive a constant stream of written communications about developments at the College.

More important, I have personally met with a number of alumni at both state conventions and specialty meetings to address their questions more directly and to benefit from their suggestions.

In the past year alone, I have attended meetings of the Alaska, Florida, Michigan and New York-New Jersey state associations in addition to the Pennsylvania meeting. We have also sponsored alumni receptions at the American College of Osteopathic Surgeons and the American Osteopathic Association in our search to cement our bonds with alumni.

Two new policies combine the College's undergraduate recruiting with our new emphasis on alumni relations. First, we have begun to pay more attention to our network of Pennsylvania alumni, to enlist their help in bringing promising undergraduates to our attention. Second, for young people who want to carry on a family tradition of osteopathic healing, we are giving first consideration to the sons and daughters of osteopathic physicians.

These steps and other initiatives in the year ahead will go a long way in building long-term relationships with this institution. Certainly the immediate results point that way. The College applicant pool is up 20 percent over the last two years, even though medical school applications as a whole have risen much less dramatically.

### The Hospital

If it makes sense to pay attention to our future, embodied in the doctors we train, we owe at least as much to those who represent the present. After all, they lend their skill, experience and prestige to this institution and make it viable economically.

Yet too often our institutional approach has been like an inversion of the old joke: "Don't go away, go away mad."

That, too, has changed. Last year we began to tackle the single largest impediment to a promising future: a woefully inadequate physical plant and infrastructure to support the osteopathic physicians who practice here.

In the past, our institution asked our physicians to overlook conditions that allopathic medical centers would never tolerate. When talented practitioners departed for better surroundings, we merely expressed our surprise.

Our goal, as we have shown in our actions during the past year, is plain: Take away the reasons for leaving. Create reasons to stay with us or join us.

To make progress toward that goal, we engaged a group of consultants to create a master facilities plan. In the months to come, the physical proof of our determination to modernize will continue to mount until no one can mistake our intent to make this institution a leading regional health care center.

At the same time, much of our progress will take place behind the walls that already exist. Not long ago, our obstetrics and gynecology department was almost decimated. Today, with new affiliations and a major \$2 million renovation, we are delivering babies at a rate nearly double that of recent years.

We have also enhanced our service offerings with a new invasive radiology unit and eight new acute-care monitoring beds.

Perhaps the most gratifying step forward this past year was writing the final chapter in the \$2.8 million Gertrude Matthews saga. This restricted trust had been tied up for 25 years. Now that money will be put to work in our operating suite, where it belongs. When we're finished renovating and re-equipping that suite, we will have an unequalled general surgical facility.

Health care is, of course, humans as well as hardware. With that in mind, we named a single medical director and integrated

the medical staff and its committees to assure consistently high levels of care at both campuses. Other actions to improve professionalism, patient care and customer satisfaction include our Management Development Program and Quality Customer Service Program.

These initiatives have already attracted the attention and recognition of the outside world. During the past year The Pew Charitable Trusts and Heinz Foundation jointly underwrote a four-year, \$600,000 grant to further our parenting programs — a clear sign of our progress.

Our institution certainly has a way to go before it achieves the vision each of us has for it, but the outline is becoming visible on

the horizon. That we can see the outline is a testament to those who have worked to advance our vision. Our medical staff, faculty, employees, alumni, auxiliaries and volunteers deserve our gratitude for our recent progress; their continued support will directly determine our future success.

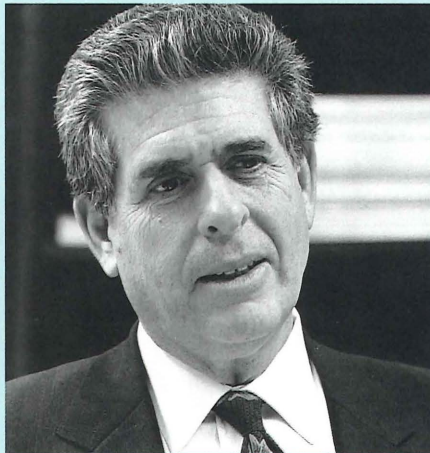
### Looking Ahead

There are ample reasons to be optimistic about the future, but it should be a tempered optimism. The future offers no guarantees. In fact, the worst thing we could do is to shrink from the practical realities that will shape our institution.

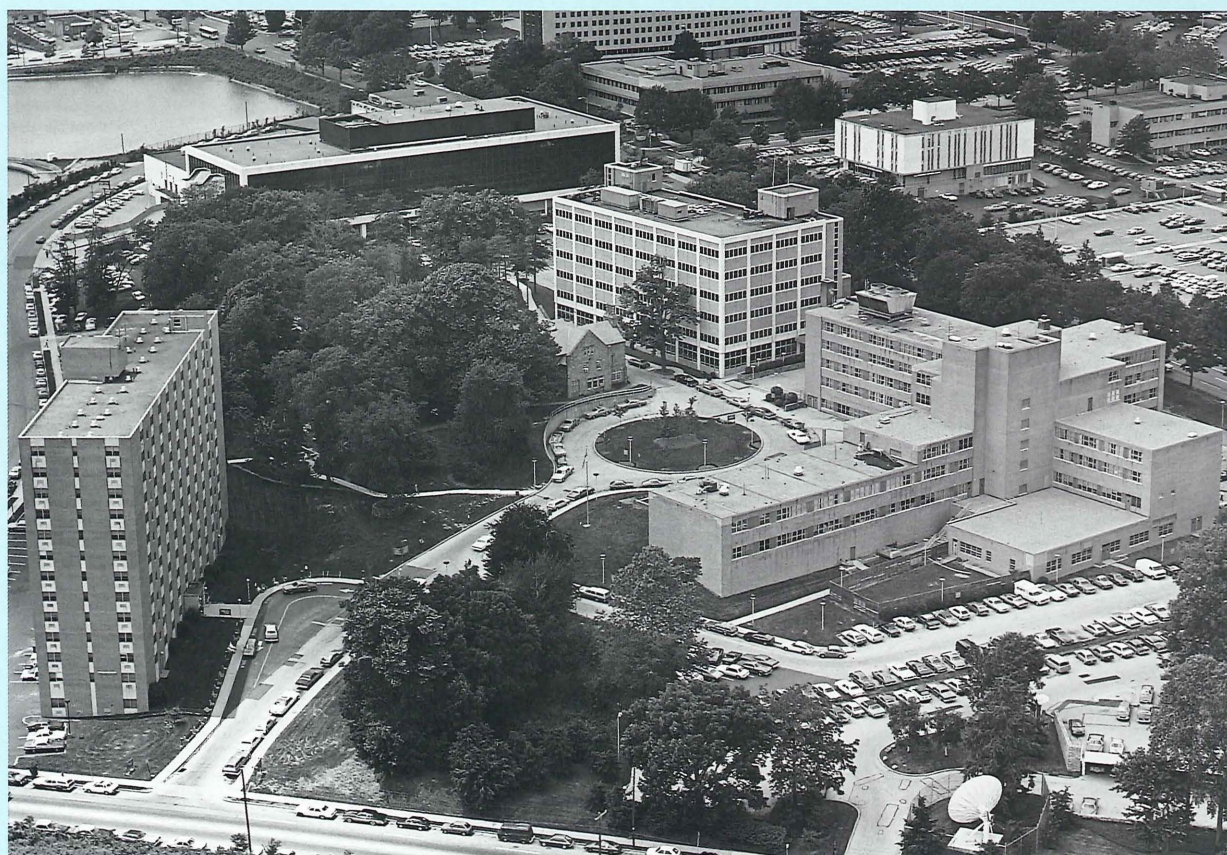
Certainly our biggest concern has to be our competitive position in the Philadelphia market. We will continue to struggle with the burden of an outmoded physical plant. Our master facilities plan should do much to alleviate this problem, but implementing the plan will take time — a scarce commodity in the rapidly changing environment of health care.

To ease our way through the interim period, we will continue building bridges to physicians and students and we will adhere to our institutional vision.

The competitive environment also compels us to explore new, profitable affiliations with other health care institutions. Our Hos-








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**O**ur institutional plans are further reason for encouragement. We know what we have to do, we know how we have to do it, and we have the people to get it done.

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pital's affiliations have demonstrated beyond argument that we can profit from ventures with other institutions.

We will remain open to any proposal that will strengthen our institution and enhance our independence. In truth, we must adopt such a stance because we don't yet enjoy the market position to indulge sentiment over the dispassionate assessment of economic fact.

Our Parkview Campus is another concern. Although adult admissions have improved steadily since the acquisition last July, its contribution to profitability has been disappointing. In years past it might have been acceptable for a hospital to operate on a break-even basis, as Parkview does now. Today there is no room for indifferent financial performance.

By the time of the merger, Parkview had essentially lost all physician and patient loyalty. Prospering without such loyalty is all but impossible. To repair the ties that bind physician to hospital, and patient to physician, we will make even greater efforts to show our colleagues at Parkview that they are full partners in this institution.

As tangible proof of our commitment to Parkview, we have planned a major capital investment program there, the centerpiece of which will be a new medical office building. These improvements, we believe, will build morale at Parkview and help the staff identify with the larger institutional mission.

Government policy toward health care also poses a threat to our continued recovery. Reimbursement levels and methods, mandated treatments and general governmental fickleness in making rules present obvious problems with no ready solutions. What is almost absolutely certain is that financially strong institutions will weather the storm of government better than weaker institutions.

These are stiff, but surmountable, challenges because the problems are balanced by considerations in our favor.

First, osteopathic medicine enjoys an enviable place in today's society. For the first time in the history of our profession, we are running with the tide. Consumer preference and government policy at last favor the kind of holistic, primary-care medicine for which osteopathic physicians are rightly known.

We are perfectly positioned to capitalize on this trend: Osteopathic physicians represent less than 10 percent of all practitioners in the Delaware Valley, but we treat 50 percent of the patients. If we market ourselves properly, particularly to managed-care programs, we can turn these facts into new revenues and heightened patient confidence in the services we provide.

Our institutional plans are further reason for encouragement. We know what we have to do, we know how we want to do it, and we have the people to get it done.

One important element in those plans is the major institution-wide development effort we have just begun. Although it is too early to announce what the goals of our development campaign will be, we know that we will need the full and enthusiastic support of each of our institutional constituencies to achieve success. Given that the reward will be long-term improvements to our teaching, research and clinical offerings, we are hopeful for very broad participation.

If anything, the past year has demonstrated what we are capable of when we work together. Our turn-around was the product of dedication and sacrifice on everyone's part. That spirit must continue. With it, all things are possible.

*—This special issue of President's Perspective is the complete text of the 1991 annual report presented by Leonard H. Finkelstein, DO, at the Osteopathic Medical Center Corporation meeting in October and at the PCOM alumni luncheon at the AOA meeting.*



# 1991-92 Annual Fund: A Tradition of Support

**A**s PCOM's 100th anniversary approaches and the implementation of the strategic and master facility plan continues, the success of the College's Annual Fund campaign will become increasingly important. The Annual Fund has served traditionally as the chief fundraising mechanism for the institution. For this reason the Fund's continued success is crucial to its future.

## Who contributes

The college's most prominent contributors are the alumni. "Our loyal alumni are our most valuable resource," says Hale T. Peffall Jr., executive director of Alumni Relations and Development. "Our Annual Fund has continued to improve over the past five years, and surpassed the \$1 million mark for the past two years. It is a proud fact that our alumni have accounted for the largest percentage of our success," he adds.

Other constituencies that contribute to the Annual Fund are the Board of Trustees, faculty, staff, administration, students, the OMCP Auxiliary, employees, parents, friends, foundations, corporations and community groups.

"Interns and residents are not contacted expressly for the purpose of giving, but instead receive all fundraising information as a way to inform them about what is happening at the college and hospital and to orient them to the concept of regular giving. Many, however, do give. All contributions — big and small — from all constituencies are important," Peffall adds.

## Good times and good giving

"In reviewing each donation, which often includes a personalized note or other items such as family photos, I've been able to draw some conclusions about why people participate in the Annual Fund," he says.

"Alumni primarily give to the college to show their gratitude for the quality of education they received at PCOM, which for many, has contributed to their professional success.

"Our non-alumni supporters give as an expression of their commitment and loyalty to the college's goals and to the community

health care services provided by osteopathic physicians.

"Regardless of the constituency — alumni or non-alumni — contributions reflect pride in medical education or community service.

"Many alumni, specifically, will reflect on the good times they had while a student at PCOM. For most these represent some of their fondest memories. Some remember their involvement in student activities — playing on one of the sports teams, working on a variety show or fraternity activities — while others will remember meeting people who would become their life-long friends.

"From my experience, good times shared translates into generous giving," Peffall concludes.

*"We finally cashed our refund-check. Please apply the enclosed where you feel it would be most needed."*

*"This check was a X-mas present from a patient for the charity of my choice!"*

*"Hope all is going good down there in Philly! Put the enclosed check to good use for my medical school."*

*"As a Federal Employee (Air Force) I'm not making 'Big Bucks,' but please accept this token. Wishing you well in your fund-raising efforts."*

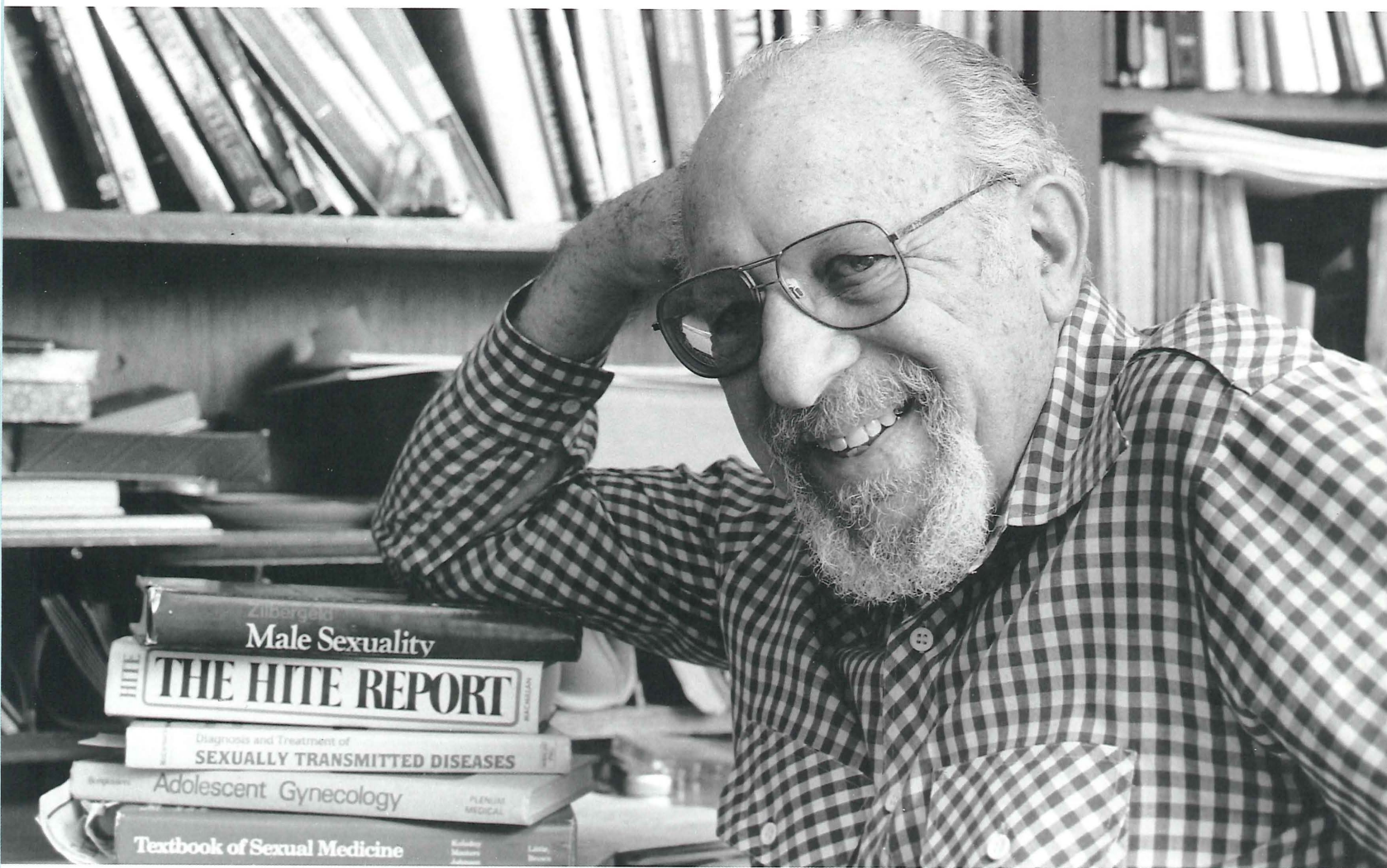
*"Hale, I know you'll put the enclosed to good use for the school. I'm glad to read that PCOM's athletic teams are still carrying on that winning tradition."*

*"We are certainly aware of the difficult conditions that prevail within your industry in today's environment. Hopefully in some small way, you will find the enclosed contribution to be of some benefit."*





## Emanuel Fliegelman, '42: A born teacher with doctors and patients



***“... as the years rolled by I realized it was a great decision. We are fortunate that we became osteopathic physicians.”***

Caring for patients with compassion is almost as much of a part of the healing process as are diagnosis and treatment. Building and maintaining that human focus is a skill.

And no one is more attuned to the need for maintaining that human focus than Emanuel Fliegelman, '42, this year's recipient of the O.J. Snyder Memorial Award.

Fliegelman, an obstetrician/gynecologist and professor affectionately known by all as “Manny” (or “Uncle Manny,” as he instructs all PCOM medical students to call him), was recently discussing the case of a 70-year-old woman who had come into the Lancaster Medical Center in West Philadelphia without having had a Pap smear in more than a year. Gregory M. Christiansen, the fourth-year student who was treating the woman, was aware that standard

medical practice recommends such a test only once every three years for older women.

But as Christiansen suspected, whether or not three years had elapsed since her last test was irrelevant to Fliegelman. He believed they should take the opportunity to do all they could for her while she was there — and to encourage more regular visits.

“We don’t agree with it (the three-year recommendation),” said Fliegelman. “Pap tests, like other routine preventive medical care, can help maintain good overall health. If the only time a woman routinely sees a doctor is for her Pap test and she only goes once every three years, then other illnesses that could be found during a Pap test may go undetected.”

Next into the conference room was fourth-year student Donald Ehrenberger seeking advice re-





***“We want today’s student to learn it isn’t enough to give the patient the right medicine, but to talk to the patient, to explain and demystify as well.”***

garding an 18-year-old high school student concerned about odd discharges from her breasts — and wanting Ehrenberger to release her from physical education classes because she has mitral valve prolapse.

After suggesting blood work, a Pap smear and a mammogram, Fliegelman asked:

“Do you think she should get out of gym?”

“No,” said Ehrenberger.

“Right, I don’t think you should be a party to that. It might even be good for her. As soon as you say ‘take it easy’ you make the person into a cripple.”

### **Inspired by the Bible**

Being aware of the social and cultural implications of medical care has been the cornerstone of Fliegelman’s 50-year medical and teaching career. It began, he says, with the Bible: “As a youngster in grammar school and high school in Germantown I felt strongly about the Judeo-Christian wisdom. I had become inspired by the Biblical saying, ‘Thou shalt love thy neighbor as thyself,’ and I found I could probably do that best by becoming a physician.”

Victimized by what he says was a quota admissions system, he was not admitted to area allopathic medical schools following his graduation from St. Joseph’s College in 1937. But then he heard about osteopathy from two osteopathic physicians who encouraged him to visit their offices in South and West Philadelphia.

“I went in expecting bone doctors, chiropractors,” recalls Fliegelman, “but they were seeing patients with a variety of illnesses and I said to myself, ‘Hey, this is right for me.’

“As I tell the students in my lecture to incoming freshmen, as the years rolled by I realized it was a great decision. We are fortunate that we became osteopathic physicians.”

### **Birthing babies by kerosene lamps**

Fliegelman’s interest in obstetrics and gynecology was triggered during his third and fourth years at PCOM when he delivered babies in Southwest Philadelphia. His patients were so poor that, in lieu of electricity, the infants were delivered by the light of kerosene lamps.

“It was exciting for me to go into a patient’s home and stay with her until I delivered that little baby,” he recalled. “Here was an area of medicine that was very productive: Here’s a baby entering the world and I had a lot to do with it.”

His patients were so grateful that many named their infant sons after him. More than one Emanuel Washington was born in Southwest Philadelphia in the early 1940s.

Half a century later, that excitement still affects Fliegelman. “To see a baby come out and begin to cry and wriggle its fingers still excites me,” he says. “I try to get across to students to appreciate it, not just to get the baby out, but to talk to the

mother, the father and siblings about this wonderful experience.

“We want today’s student to learn it isn’t enough to give the patient the right medicine, but to talk to the patient, to explain and demystify as well.” In other words, he says, there’s plenty of science and technology practiced in medicine today, but not enough art when it comes to the patient-doctor relationship.

### **Hands-on medicine**

During his annual lecture to incoming freshmen, he tells the students that when he holds his wife’s hand in a movie theater, he never misses a chance to check her pulse as well. When making rounds following an operation, he advises, a physician should not stand at the foot of a patient’s bed, as too many doctors do, and say: “How are you?”

Rather, he says, “You should sit down in a chair next to the bed, hold the patient’s hand and let the electricity pass between the two of you. Explain what is going on that day and subsequent days. It may only take a minute, but to the patient it feels like a half hour.” Likewise, Fliegelman’s pre-operation routine includes detailed explanations and reassurances for both the patient and the patient’s family and, in some cases, having the patient consult with a patient who successfully underwent a similar operation previously.

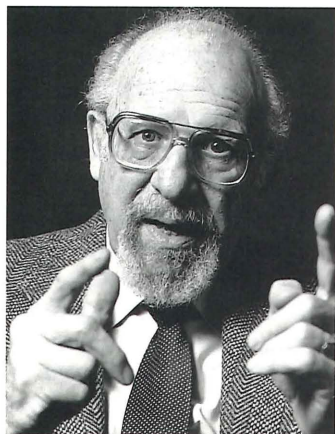
Fliegelman began to develop this philosophy at PCOM. Afterwards, he attended Kansas City University of Physicians and Surgeons for a year since he wanted to serve in the military as a physician. At that time an MD degree was a requirement for military doctors.

Nonetheless, after completing a rotating internship at St. Peter’s Hospital in Brooklyn, N.Y., he was denied a U.S. Army commission by his local draft board, so he opened a general practice office in Germantown in 1944. It was a much different environment for osteopathic physicians then, who were branded as cultists by allopathic physicians.

Patients he sent to nearby Germantown Hospital for x-rays were told to find an allopathic doctor to review their film because it would not be sent to Fliegelman. He also recalls not being able to sign birth or death certificates, write prescriptions and be recognized as a qualified medical professional by Blue Cross and Blue Shield.

### **Founded Metropolitan Hospital**

In such an atmosphere, with bed space for referrals from DOs limited to Hospital of Philadelphia College of Osteopathic Medicine, Fliegelman was one of 30 osteopathic physicians who founded Metropolitan Hospital in a three-story house at 19th and Greene streets in 1944. Fourteen years later, in 1958, he and his partner, Simon M. Lubin, ’38, became co-chairmen of the







*Dr. Fliegelman lectures to a group of students, before demonstrating a pelvic exam on a surrogate patient.*



*Dr. Fliegelman works with Michelle Brody, '92, at Lancaster Medical Center.*

department of obstetrics and gynecology at Juniata Park Hospital in Northeast Philadelphia. Ultimately bought by them and 11 other osteopathic physicians in the early 1960s, the facility, which was soon renamed Parkview Hospital, was a good community hospital in the truest sense of the word.

"People loved to go to Parkview," recalls Fliegelman. "We were able to compete with allopathic hospital care because as DOs we took the attitude that the patient was always right." It was a more relaxed, caring attitude — the type of approach, he says, that helped create better public acceptance of osteopathic medicine nationwide.

As his interest in obstetrics and gynecology grew, Fliegelman phased out his family practice entirely by the early 1960s, completed a residency, and became active in professional ob/gyn organizations. He became a diplomate of the American Osteopathic Board of Obstetrics and Gynecology.

He also was a member of the board of trustees of the American College of Osteopathic Obstetricians and Gynecologists from 1966 to 1972, and from 1969 to 1972 chaired that organization's membership and promotion committees and its committee on social problems of obstetrics and gynecology. He is also a distinguished fellow of the college.

#### **Israel beckons**

In 1972 Fliegelman resigned those posts and the co-chairmanship at Parkview Hospital, turned over his private practice to his partners, Lubin and Saul Jeck, DO, and left for Israel with Ruth, his wife.

"I've always been a Zionist," he explains. "I feel strongly that there must be a country Jews can go to when they suffer persecution, pogroms and atrocities such as the Holocaust. So we thought in our older age we'd go to Israel and





help the country grow and make it a more viable place for Jewish people to go to when and if it was necessary."

The Fliegelman's felt almost like pioneers. "Living in Israel was difficult at times, in part because our knowledge of Hebrew was limited, but we felt we were producing something," he says. "It was very exciting because we had the opportunity to create things they didn't have."

For example, he established a contraception program at the department of obstetrics and gynecology at Hadassah Hospital-Hebrew University in Jerusalem, where he was a member of the visiting staff and faculty (and still returns to lecture). He spread the gospel of osteopathic medicine as well. "The patients there," he recalls, "were not used to the gentle, kind, concerned competent care that is osteopathic medicine."

But after two years in Israel, the tug of family — he and his wife have two sons, Ronnie, a special education teacher in Brooklyn, N.Y., and Marc, a hospice nurse at Albert Einstein Medical Center, Philadelphia, and three grandchildren — and his late father's illness brought them back home to Philadelphia.

### Returns to PCOM

Fliegelman, who taught on a volunteer basis at PCOM before his departure, was soon lured back to PCOM as a full-time associate professor of obstetrics and gynecology. For Fliegelman, who had wanted to teach at the college since the 1950s, it was the realization of a long-held dream. A full professorship came two years later.

Jeck, the current chairman of ob/gyn at PCOM who interned and served his residency under Fliegelman and Lubin at Metropolitan and Parkview hospitals before becoming his partner, couldn't imagine anyone better for the job. "He was always a born teacher," Jeck says. "Every moment of his time in the hospital, both with the doctors and with the patients, was spent teaching. He always had time to take students aside and spend time with them, and to this day he's always surrounded by students much more than anybody else I know."

Ever the pioneer, Fliegelman immediately launched one of the nation's first human sexuality courses. Despite the subject's medical and human significance, he felt most medical schools neglected the area because of its taboo nature. "Students were supposed to learn by osmosis," he says. As part of the course, one of the most memorable and unorthodox PCOM offers, Fliegelman has a number of people, including homosexuals, lesbians, the aged and the disabled, discuss aspects of their sexuality with the freshman students.

"He tries to open up your perceptions to help you understand the social dilemmas physicians must face in overcoming their own personal opinions in order to help patients," says Christiansen.

## United again: Not getting older—getting better

It is funny how life comes full circle sometimes. Three decades ago Emanuel Fliegelman, '42, and Simon M. Lubin, '38, were partners and co-chairmen of the department of obstetrics and gynecology at Parkview Hospital. A resident whom they supervised at the time was Saul Jeck, who later joined their practice.

Today, years after Jeck joined that partnership which they eventually dissolved, they have been reunited at PCOM — with Jeck, as professor and chairman of PCOM's department of obstetrics and gynecology — now the boss of his former bosses. And, irony of irony, this role reversal came about in 1990, almost simultaneously with PCOM's purchase of Parkview — the hospital where their relationship began.

### How it all started

Lubin was a fourth-year student at PCOM in 1937-38 when he first met Fliegelman, who was a first-year student. Later, the two attended the Kansas City University School of Medicine and interned at St. Peter's Hospital in Brooklyn, N.Y.

By the mid-1950s, the two had separate family medicine practices but — on a handshake — had opened an ob/gyn partnership out of Metropolitan Hospital. That's where Jeck, an intern under their supervision there in 1957, caught their attention.

The following year Fliegelman and Lubin became ob/gyn co-chairmen

at Juniata Park Hospital (Parkview's original name) and Jeck followed as a resident several years later, after Jeck's wife, a patient of Fliegelman's, told him her husband was unhappy with his general practice.

Parkview, at the time, was an extremely small community hospital. Though noted for extensive personal contact between patients and doctors, staffing was a struggle. There were no interns or residents. Jeck recalls being reached numerous times at his private office several blocks away by nurses in the Emergency Room who were trying to summon a doctor to treat a patient who had just arrived. "The changes Parkview underwent in that time are significant," says Jeck. "Now it is a full-service institution with students, interns, residents and specialists in every field."

### The friendship continues

Fliegelman left the partnership and Parkview in 1972 to go to Israel. A decade later, Lubin retired to teach part time at PCOM and two years ago Jeck left to become professor and chairman of ob/gyn at PCOM.

"It's absolutely wonderful that we're working together again," marvels Jeck. "It's as if we just went back in time to the days when we first started. We have a special relationship that has never changed. It's only matured."







Dr. Fliegelman and his wife, Ruth

"Many of the students make a great effort to try to understand how other cultures, other people live, and because of that they will be much better physicians," says Fliegelman.

As a young DO, Fliegelman also thought it was outrageous that he had not clinically examined a woman's vagina until his internship and residency. Instead of having students have their first such experience with medical center patients, in 1980 Fliegelman launched another unique and much-copied teaching strategy: "The Doris Program." For the past 11 years one of his patients has been a surrogate, allowing every second-year student to examine her, under his direction and supervision.

Today, as he approaches his 77th birthday on February 15, he still teaches the freshmen human sexuality courses, lectures sophomores on obstetrics, gynecology and the doctor-patient relationship and consults with fourth-year students two mornings a week at the West Philadelphia medical center.

"Things go so fast at the center that you need someone to remind you that these are women, people who need to be cared for, not just patients to be seen and sent back out," says fourth-year student Donald Ehrenberger. "And no one truly cares enough about the women and knows about the compassionate part of treating them as much as he does."

Fliegelman is also an active member of PCOM's Intern Selection and Credentials committees, and, just as importantly, during his tenure he has served as a counselor and confidant to hundreds of students who have come to him with their academic and personal problems.

"I don't want to sound like a Pollyanna, but I've dedicated my last 20 years to giving back to the college for the opportunity and joy it has given me, and that includes the joy I have had in teach-

ing students," says Fliegelman, who from mid-December through March teaches similar courses at Southeastern College of Osteopathic Medicine in North Miami Beach, Fla.

"He's the most compassionate man you'd ever meet. He lives his quality (compassion) everyday," says Lubin. "I never had a brother, but he's my brother."

"Dr. Fliegelman is a major asset to PCOM by virtue of his leadership, knowledge, his experience and his ability to bring students together and encourage them to learn and give their very best," says Jeck. "Those people who have known him and been influenced by him have come out better for it because they have an understanding of what it's like to be the underprivileged, for whom he is a spokesman."

In fact, says Jeck, it was Fliegelman's impact that prompted Jeck to cap his 30-year practice by taking over the chairmanship of the department of obstetrics and gynecology at PCOM in 1990. "Those of us who have been influenced by him don't just want to take; we want to give something back to society, to the students, to the college."

Such is the influence of Manny Fliegelman who, 50 years after he graduated, still calls himself "a gung-ho DO."

O.J. Snyder would approve.

***"I don't want to sound like a Pollyanna, but I've dedicated my last 20 years to giving back to the college for the opportunity and joy it has given me, and that includes the joy I have had in teaching students."***







### Award-winning partners win alumni Certificate of Honor

She is a doctor's doctor — one so well regarded that at osteopathic medicine seminars other physicians ask her for OMT treatment.

He is a spouse's spouse, her alter ego, accountant and receptionist.

After 50 years of marriage, Frieda O. Vickers, '39, and her husband, James G. Vickers, a retired Philadelphia Fire Department administrative services director, seemingly do almost everything together — including winning awards.

This year they are the recipients of the Alumni Association's annual Certificate of Honor for their outstanding dedication to PCOM and the osteopathic profession.

In private practice since 1940, Frieda Vickers has been on the staff of the Hospital of PCOM since 1946. A former school physician for the Philadelphia School District, she still sees patients in the office attached to her home. Patients from as far away as Wisconsin have come for manipulative therapy.

"It's the one skill that DOs are trained to do that MDs are not," she says. "When my patients walk out of the office, they immediately feel better. OMT has been wonderful for my patients."

For the past 10 years, Vickers has served as a consulting physician several days a week for the West Point Health Services of Merck, Sharp and Dohme.

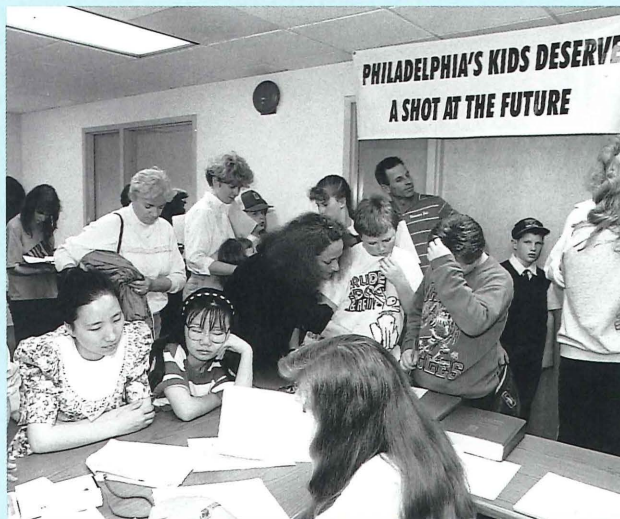
Her husband, who retired in 1975, has been encouraging her to retire for 15 years. He's given that up after realizing that she is happiest when practicing medicine.

"I don't feel like retiring," Vickers says. "A woman walked into my office recently and said, 'Dr. Vickers, I want to thank you. You found a lump in my breast and followed up with the appropriate medical treatment.'"

"Being able to make a difference in a patient's life is what makes me glad that I'm a doctor."

As for her husband, Jim Vickers is a graduate of the University of Pennsylvania's Wharton School Fels Institute of Local and State Government and a retired U.S. Army major, but he feels much closer to PCOM. "I know so many doctors at PCOM, and I go with Frieda to the staff meetings so often that I feel like one of the family."

## HPCOM brings health awareness to the community



**Area parents register their children for free immunizations.**

Preventive medical care and community service have long been a commitment in osteopathic medicine. This commitment is evident at PCOM and its hospital through the many free health screenings and patient education programs the hospital provides.

In the past year alone, several thousand people from the Philadelphia area have benefitted from the various community

outreach activities, ranging from health fairs at both campuses, screenings in the community and health awareness programs, spearheaded by both medical staff and students.

When the measles outbreak hit Philadelphia hard in April, HPCOM offered a free measles immunization program at the Parkview campus. Then in May both campuses joined a three-day city-wide program designed to immunize children against all childhood diseases.

The community responded. During the three-day event the City Avenue and Parkview campuses administered more than 600 free immunizations, supplied by the City of Philadelphia, to nearly 500 area children.

Also in May, HPCOM presented a health fair at Reliance Insurance Company in Philadelphia. In addition to free cholesterol testing, nine other health screenings were offered. More than 35 physicians, nursing and laboratory staff, residents and students volunteered to screen 400 Reliance employees who participated in the day-long event.

Again in May, HPCOM offered a breast cancer screening as part of a national American Cancer Society campaign. The program included an exam, a breast cancer education program and reduced-cost mammograms for eligible women.

In September, HPCOM once again joined a national campaign — this time for the detection of prostate cancer. The program consisted of a free physical exam, a PSA (Prostate Specific Antigen) blood test and a prostate cancer education program, which included a video presentation and question and answer period. HPCOM's staff screened 200 men at the Parkview and City Avenue campuses during the program.

In addition to patient education provided as part of a particular screening, HPCOM provides health care information through on-going patient programs such as the Diabetes Education Program.

This program coordinates all the personnel and equipment needed for blood glucose screenings and operates a free monthly education seminar for diabetics and their families, offering current information on topics ranging from diet and exercise to pain management.

This commitment to preventive medical care and health care education continues. Future screening and education programs are planned both at Parkview and City Avenue as well as the satellite urban medical centers.



## New department created as HPCOM continues its mission of delivering quality care



**R**ecognizing the importance and challenge of providing quality medical care in an increasingly regulated and cost controlled environment, PCOM has created a new department — quality assessment/utilization review — recruiting an expert alumnae to lead the program.

Establishing the QA/UR department has been a long-time goal for Leonard H. Finkelstein, DO, president and chairman, Osteopathic Medical Center.

“As the health care industry becomes increasingly more sophisticated, hospitals and physicians both must remain at the cutting edge of medical advancement in the delivery of quality medical care,” says Toni Maria Casale, '84, chairman of the new department of quality assessment/utilization review.

Casale will oversee the QA/UR programs at both campuses and will develop a physician fellowship at PCOM in the specialty area of quality assessment and utilization review.

The fellowship will be one of the few such programs in the nation and the first of its kind in the osteopathic profession.

She will coordinate her activities with social services and risk management in a supportive effort to improve patient care while containing costs.

“With the escalating cost of health care, medical malpractice and other health care issues in the '90s, on-the-job training is no longer satisfactory. Physicians need formal

training in QA/UR,” she explains.

Casale's return to PCOM is an opportunity to pursue a long-standing goal: to combine clinical medicine with administrative medicine and to bridge the gap between the two. Her undergraduate studies at Penn State University included a dual major in health planning/administration and premed.

After earning her DO degree, she completed a fellowship in QA/UR in 1989 at Hershey



## OnCampus

**\$70,000 grant awarded for improving care to underserved areas**

The department of general practice has been awarded a \$70,000 grant for tracking and evaluating preventive care services to underserved urban and rural communities through the residency training program.

New computer programs provided by the grant will help residents follow a wide range of preventive care services to help assure that each patient receives care needed as indicated by national standards. An immediate and automatic record of the services will be maintained as a patient's medical record.

"The new grant will allow us to significantly enhance our current efforts to make residents more computer literate as well as improve our ambulatory care services and teaching programs," says John Angeloni, '75, chairman of the department of general practice and project director.

The grant is funded by Bristol-Myers Squibb and managed by the American College of General Practitioners in Osteopathic Medicine and Surgery.

**Briefs**

**Frank H. Guinn**, '76, chairman-elect of the medical staff, was recently certified in geriatric medicine by the American Academy of Osteopathic Geriatric Physicians.

**Ira Meyers**, DPM, staff podiatrist, has been named a fellow of the American Academy of Podiatric Sports Medicine.

**George Vermeire**, '74, director of Lancaster Medical Center, was honored by the board of managers and the residents of Overbrook School for the Blind and Multicapped for his dedication and service.

**ACOS honors alumni**

PCOM alumni and HPCOM staff were well-represented among the award winners at the recent members meeting of the American College of Osteopathic Surgeons held in Orlando, Fla.

Pragnesh A. Desai, '85, received a 1991 residents achievement award for his residency in urologic surgery while PCOM's section of urology won first prize for its scientific exhibit.

First place in resident presentation for the urologic discipline

went to Kenneth Belkoff, DO, with second place going to Hal Bashein, DO, and third place going to Lisa Finkelstein, '87.

Inducted as an ACOS member were Lee M. Blatstein, '84, Pragnesh A. Desai, '85 and Robert L. Fiorelli, '84. Life member inductees included Wynne A. Steinsnyder, '54, and Daniel A. Wisely, DO. Gary L. Saltus, '73, and Edwin J. Sullivan, '70, were inducted as fellows.

The election portion of the meeting saw Paul Peter Koro, '61, named president-elect.

**JustPublished**

**Hal J. Bashein**, DO, **Phillip Ginsberg**, DO, **John R. Zond**, DO, and **Leonard H. Finkelstein**, '59: "Testicular Metastasis from Adenocarcinoma of the Prostate," *Journal of the American Osteopathic Association*, Vol. 91, No. 9, Sept. 1991, pp. 895-897.

**Pragnesh A. Desai**, '85, **Robert L. Fiorelli**, '84, and **Leonard H. Finkelstein**, '59: "Incomplete Rectal Obstruction Secondary to Adenocarcinoma of the Prostate," *Journal of the American Osteopathic Association*, Vol. 91, No. 8, Aug. 1991, pp. 803-806.

**Robert L. Fiorelli**, '84, **Robert L. Klaus**, MD, **Samuel J. Manfrey**, '75, **Laurence H. Belkoff**, DO, and **Leonard H. Finkelstein**, '59: "Early Detection of Stage A Prostate Carcinoma: Combined Use of Prostate-Specific Antigen and Transrectal Ultrasonography," *Journal of the American Osteopathic Association*, Vol. 91, No. 9, Sept. 1991, pp. 863-870.

**James C. Ferraro**, '81: "The Medical Management of Renovascular Hypertension," *Renovascular and Renal*

*Parenchymatous Hypertension: Pathophysiology, Diagnosis and Management*, edited by N.M. Kaplan and T.F. Luscher.

**Leonard H. Finkelstein**, '59, and **Lee M. Blatstein**, '84: "Epilation of the Hair-Bearing Urethral Grafts Using the Neodymium: YAG Surgical Laser," *Journal of Urology*, Vol. 146, Sept. 1991, pp. 840-842.

**Jeffrey T. Kirchner**, '85: "Syphilis — An STD on the Increase," *American Family Physician*, Vol. 44, No. 3, Sept. 1991, pp. 843-854.

**Joseph V. Uri**, MD, PhD, **Nicholas M. Burdash**, PhD, and **Rani Bright**, MBBS: "A Novel Sensitive Nitrite Reagent to be Used in the Clinical Microbiology Laboratory," *Journal of Microbiological Methods* 14, 1991, pp. 33-39.

**Joseph V. Uri**, MD, PhD: "New Drug Development in the United States: The Clinical Trials," and "Biotechnology and Medicine: Impact of Biotechnological Pharmaceutical Innovations on Health Care," *Acta Biomedica Hungarica Americana*, Vol. 3, No. 2, 1991, p. 6.

**Toni Maria Casale**, '84, chairman, department of quality assessment and utilization review

Medical Center, the prototype of formal physician training in the specialty area of QA/UR. She received a master's degree in public administration with a concentration in health care from Penn State University in 1990.

Casale also completed a residency in general practice at Community General Osteopathic Hospital in Harrisburg and is board certified in general practice as well as QA/UR.



## ClassActs

1945

**Arnold Melnick**, N. Miami Beach, Fla., was honored by the National Area Health Education Center Program Directors for his work on behalf of Florida's medically underserved population.

1946

**Boris H. Traven**, Cherry Hill, N.J., has received the Distinguished Service Award from the American Osteopathic College of Anesthesiologists.

1959

**Ronald Goldberg**, Cherry Hill, N.J., has received a certificate of competence in sports medicine from the American Osteopathic Academy.

1962

**Seymour Schlossberg**, Wayne, N.J., has been appointed medical examiner for the Oakridge Manor Nursing Home, Pompton Plains, N.J., and the Valley Rest Nursing Home, Totawa, N.J.

1963

**Walter G. Reich Jr.**, York, Pa., has received the Frederick Solomon Award from the Pennsylvania Osteopathic General Practitioners Society.

1964

**Michael Nadolny**, Livonia, Mich., was featured in a *Westland Michigan Observer* article about the use of acupuncture in his practice.

1966

**H. Michael Zal**, Narberth, Pa., has received the Albert Einstein Healthcare Foundation Physicians' Award for Excellence.

1967

**Brig. Gen. Ronald R. Blanck**, Kensington, Md., chief of U.S. Army Medical Corps Affairs, received a Founders' Medal from the Texas College of Osteopathic Medicine, Fort Worth.

1972

**Robert Ivker**, Littleton, Colo., author of the book, "Sinus Survival," was featured in a *Burling-*

*ton County (N.J.) Times* newspaper article.

**Richard M. Purse**, Yardley, Pa., has joined the radiology staff at Oxford Valley Imaging Center, Langhorne.

1973

**Joseph H. Mayberry**, Willow Street, Pa., has been appointed chairman of the department of emergency medicine at St. Joseph Hospital and Health Care Center, Lancaster.

**James R. Pritchard**, Massillon, Ohio, has been inducted into the American College of Physicians.

1974

**Frank Brooks**, McMurray, Pa., has been appointed to the medical staff at Canonsburg General Hospital.

**Capt. Glenn N. Wagner**, Olney, Md., has been appointed deputy director of the Armed Forces Institute of Pathology for the U.S. Navy.

1975

**David M. Spratt**, Huntingdon Valley, Pa., has become a fellow of the College of Physicians of Philadelphia.

**Ronald Vallorani**, Linwood, N.J., has joined the medical staff at Burdette Tomlin Memorial Hospital, Cape May Court House.

1976

**Robert H. Biggs**, Bethlehem, Pa., has become a fellow of the American College of Cardiology.

**William E. Shipton**, Pottsville, Pa., was featured in an article in the *Pottsville Republican* concerning his use of a laparoscope to remove pelvic lymph nodes.

1977

**Nicholas J. Grego Jr.**, Philadelphia, Pa., has joined the staff at Springfield Hospital.

**Rita M. Hanly**, Norristown, Pa., has been elected president of the medical staff at Norristown State Hospital.

**Michael P. Najarian**, Sayre, Pa., has joined the medical staff at Guthrie Clinic and Robert Packer Hospital.

1979

**Anthony J. Cerone Jr.**, Philadelphia, Pa., has been certified by the American Osteopathic Board of Surgery.

**Robert F. Giuliano**, Broomall, Pa., has been certified in ENT, head and neck surgery and oro-facial plastic surgery by the American Osteopathic Board of Ophthalmology and Otolaryngology.

**Susan D. Peck**, Hanover, Pa., has opened the practice of Mountain View Ob/Gyn with Steven R. Sheppard, DO.

**Robert J. Weiss**, Coopersburg, Pa., has been appointed clinical assistant in the department of medicine, division of nephrology, at Easton Hospital.

**George J. Wolters**, West Chester, Pa., has been named medical director of the medical command facility at Riddle Memorial Hospital, Media.

1980

**Albert J. Belli Jr.**, Berlin, N.J., has been appointed to the medical staff of the department of medicine, section of pulmonary medicine, at West Jersey Hospital, Berlin.

**Robert B. Contrucci**, Hollywood, Fla., has been elected president of the Dade County Osteopathic Medical Association and has been appointed associate professor of otolaryngology at Southeastern University of the Health Sciences, N. Miami Beach.

**Jose F. Derr**, Bloomsburg, Pa., has been named president-elect of the medical staff at Berwick Hospital Center.

**Bonnie J. Gardner**, Ardmore, Pa., has been certified in endocrinology by the Board of Certification in Internal Medicine of the American Academy of Osteopathic Internists.

**Gerald Medwick**, Wexford, Pa., has been appointed to the medical staff at Canonsburg General Hospital.

**Marcia I. Segal**, Philadelphia, Pa., has received certification in internal medicine and pulmonology by the Board of Certification in Internal Medicine of the Academy of Osteopathic Internists.

1981

**Gregory E. Cali**, Dalton, Pa., has opened a practice specializing in pulmonary medicine in Dickson City.

**John D. Conroy**, Harrisburg, Pa., has been certified in medical oncology and is a primary investigator for the National Surgical Adjuvant Breast and Bowel Project.

**James C. Ferraro**, Baden, Pa., was promoted to assistant professor of medicine at the Medical College of Pennsylvania, Allegheny campus in Pittsburgh.

**Arthur J. Sesso**, Wynnwood, Pa., has been certified in general surgery.

1982

**Neal E. Soifer**, Clarks Summit, Pa., has opened the practice of North East Cardiology Associates in Scranton.

**Steven J. Valentino**, Haverford, Pa., has been certified in orthopedic surgery by the Board of Certification in Orthopedic Surgery of the American Academy of Osteopathic Orthopedic Surgeons.



## ClassActs

## 1983

**Gino Alberto**, Salisbury, Md., has joined the medical staff at Peninsula General Hospital Medical Center.

**Scott J. Deron**, Strasburg, Pa., has become a fellow in the American College of Cardiology.

## 1984

**David Coffey**, Elkins Park, Pa., has been certified in family practice by the board of certification in Family Practice of the American Academy of Osteopathic Family Practitioners.

**Robert E. Rothermel II**, Benton, Pa., has joined the Family Practice Center in Middleburg and Shamokin Dam.

## 1985

**Charles Jeck**, Yardley, Pa., has been named a medical director of King James Care Center in Trenton, N.J.

**John W. Paulish**, Archibald, Pa., has opened a practice for the specialty of internal medicine in Blakely with **Donald Kachline**, '78.

**Walter C. Peppelman**, Harrisburg, Pa., has joined the medical staff at Community General Osteopathic Hospital.

**Richard Troum**, Sewell, N.J., has joined the medical staff at Burdette Tomlin Memorial Hospital, Cape May Court House.

## 1986

**Mark Baker**, Erie, Pa., has been elected to a two-year term as secretary/treasurer of the medical staff at Great Lakes Rehabilitation Hospital.

**David J. Ball**, Bloomsburg, Pa., has joined Bloomsburg Orthopedics.

**Robert Deimler**, Fairview, Pa., has joined Care Center West in Girard.

**John J. Kalata**, Erie, Pa., has been named director of medical education at Metro Health Center.

**Philip D. Orons**, Wexford, Pa., has been appointed assistant professor of radiology and professor of surgery at the University of Pittsburgh School of Medicine. He has also joined the staff at Presbyterian University Hospital after completing a fellowship in vascular and interventional radiology there.

**George E. Stefenelli**, Williamstown, N.J., has joined the obstetrics and gynecology staff at Kennedy Memorial Hospital-University Medical Center, Stratford.

## 1987

**Katherine Corman Erlichman**, Everett, Pa., has joined the medical staff at Memorial Hospital of Bedford County.

**Beth Fisher**, Middletown, Del., has opened a family medicine practice in Odessa.

**Richard E. Johnson**, DuBois, Pa., has joined the medical staff at DuBois Regional Medical Center and opened his own dermatology practice.

**Lynne McCrillis**, Sharpsville, Pa., has joined the medical staff at Greenville Regional Hospital and joined the pediatric practice of **Carl E. Meyer III**, '77, in Greenville.

**Michael L. Peck**, Hanover, Pa., has joined the general medicine practice of Eugene Sorensen, DO, in Abbottstown.

## 1988

**JoAnn Burke**, Quakertown, Pa., has been appointed medical director at the Family Health Care Center.

**Michael D. Cesare**, Huntingdon, Pa., has joined the Juniata Valley Medical Center, Alexandria, as a family medicine practitioner.

**Joseph F. Cipriano**, Norristown, Pa., has joined the medical staff at Suburban General Hospital and the family medicine practice of **Paul Cipriano**, '60, his father.

**James Clarke**, North Wales, Pa., has joined **James Nicholson**, '70, in the practice of family medicine and industrial medicine.

**John L. Gaffney**, Longport, N.J., received the Alan Z. Gartzman Family Medicine Resident of the Year Award from John F. Kennedy Memorial Hospital, Stratford, and has joined the family medicine practice of **Lawrence J. Anastasi**, '76, in Margate.

**Russell C. Hess**, McSherrystown, Pa., has joined the McSherrystown Family Practice Center.

**Karel Keiter** and **Lawrence Wieger**, both of Harrisburg, Pa., have opened family practice offices in New Bloomfield and Newport. They have also joined the medical staff at Harrisburg Community General Hospital.

**Joseph G. O'Neill**, Horsham, Pa., has been named medical director of the Family Health Care Center-Dublin.

**Amy Orloff**, Havertown, Pa., has joined the family practice of **Nelson Ziets**, '67, in Newtown Square.

**John F. Pagnotto**, Williamsport, Pa., has joined the family practice of Alexander Nesbitt, MD.

**Kurt K. Thomas**, Hanover, Pa., has joined the family practice of Donald E. Withers, MD.

## InMemoriam

**William L. Adams**, '46, GP, Red Lion, Pa., died Aug. 25.

**Jules J. Dossick**, '47, GP, Miami Beach, Fla., died Feb. 2.

**Louis Garfield**, '35, GP, W. Long Branch, N.J., died recently.

**Mary Elizabeth Hitchcock**, '34, OPP, Rye, N.Y., died Aug. 14.

**Harry M. Krasney**, '40, GP, Wyncote, Pa., died Aug. 16.

**A. Dickson Moodie**, '35, FP, Schenectady, N.Y., died Aug. 22.

**Charles G. Nonziato**, '49, GP, Morrisville, Pa., died November 1991.

**Adrian Earl Ostermayer**, '32, GP, Gainesville, Fla., died Oct. 12.

**John H. Pulker**, '38, RAD, Sarasota, Fla., died Aug. 1 at the age of 75.

**Edwin L. Rossman**, '44, GP, Amarillo, Texas, died June 16 at the age of 73.

**Stephen Szalay**, '34, GP, Teaneck, N.J., died recently.

**Charlotte G. Theilacker**, '26, GP, Roaring Branch, Pa., died recently.

**E. Dever Tucker**, '27, GP, Clarence, N.Y., died Nov. 22.



The Digest  
of Philadelphia College  
of Osteopathic Medicine

The Digest of Philadelphia  
College of Osteopathic Medicine  
(Vol. 53, No. 4, USPS, 413-060)  
is published quarterly by the  
Department of Public Relations  
and Marketing, and Creative  
Services  
4150 City Avenue,  
Philadelphia, PA 19131-1696  
(215) 871-2100.

Second-class postage paid at  
Philadelphia, PA and at additional  
mailing offices. Postmaster:  
Send address changes to The  
Digest, Philadelphia College of  
Osteopathic Medicine, 4150 City  
Avenue, Philadelphia, PA 19131.

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### Coming Events

January 24-25, 1992	Founders Day Weekend	Adam's Mark Hotel, Philadelphia, Pa.
January 25, 1992	Alumni Association Board Meeting	PCOM Campus Evans Hall
January 26 - February 2, 1992	Post Founders Day CME	Sapphire Beach Resort and Marina St. Thomas, U.S.V.I.
March 4-8, 1992	ACGP Convention	Palm Springs, Calif. Wyndham Hotel
March 12-15, 1992	FOMA Convention	Doral Ocean Beach Miami, Fla.
April 2-5, 1992	EROC Convention	Bally's Park Place Atlantic City, N.J.
April 29-May 3, 1992	POMA	Adam's Mark Hotel Philadelphia, Pa.
May 14-17, 1992	Michigan Osteopathic Association Convention	Hyatt Hotel Dearborn, Mich.
June 23-28, 1992	Ohio Osteopathic Association Convention	Drawbridge Inn Fort Mitchell, Ky.